This review covers LHD’s PHEP program requirements planned for the new 2018 work plan as revealed in a meeting with KDHE May 4, 2017.
KDHE convened a meeting of Regional PHEP Coordinators Thursday May 4, 2017 to discuss the progress made in crafting of new PHEP work-plans (Local, Regional & Health Care Coalition). This review covers only LHD’s PHEP program requirements in the new work-plans, if your LHD employs a Regional Coordinator please speak with them about specific questions for your LHD.

General Observations:

- Well attended – coverage from across the State.
- Informative – KDHE was very engaging and open to input from attendees.
- New Budget cycle starts in the coming year – be prepared for changes and increased documentation to demonstrate outcomes and improvement.
- Emphasis on inter-organizational communication locally.
- Requirements for active participation in meetings and events.
- Need for greater understanding of the exercise development process and the AAR/IP process – cannot have 1 for a regional exercise must detail needs and improvement plans specific to the LHD.
- Continuation of current requirements specific to training, communication, inventory, purchasing, expenditures, education and tracking of accomplishments.
- Funding for the new fiscal year is expected to be equivalent to last year minus any add on funds (Ebola/Zika) – KDHE is much better prepared for this new grant cycle than last year after many staff changes.
- Formal announcement and issuance of funding notification to LHD’s will likely be in June at which time LHD budgets will be requested.
1. A local health department representative will attend in person, via conference call, or webinar healthcare coalition meetings at least quarterly. Designees are permitted provided they are a staff member of a local public health department. In the event a Designee is assigned, the Designee is required to attend the HCC Meeting in person. Participation will be validated through coalition meeting sign-in sheets provided to KDHE by the Healthcare Coalition Coordinators. (Capability 1: Community Preparedness) (FOA pg. 23)

Note: Register for the Meeting on KS-Train
Regional Coordinators can attend on behalf of LHD’s. Attendance must be validated on sign-in sheets.

2. A local health department representative will participate in quarterly regional public health department meetings in person, via conference call or webinar.

Note: Register for the Meeting on KS-Train

3. A local health department representative will participate in a local ESF 8 or LEPC planning meetings at least once per year to work with health and medical partners in order to strengthen community preparedness and response activities to include Community Preparedness, Community Recovery, and Emergency Operations Coordination.

Note: Concern aired that in some jurisdictions LHDs are relied upon for this function and LEPC’s do not exist or are poorly functioning.

4. By September 30, 2017, personnel involved with the planning and development of exercises will complete IS-120.a: An Introduction to exercises KS-TRAIN Course #1011646. (Administration) Provide a list of trained personnel with dates with the Quarter 1 reports.

Note: In work plan this item is #5 inverted on purpose.

5. During Quarter 2, personnel involved with the planning and development of exercises will attend the technical assistance training on HSEEP AAR/IP documentation provided by KDHE. The KDHE Exercise Coordinator will be providing information on the dates. (Administration) Provide a list of trained personnel with dates with the Quarter 2 reports.

Note: In work plan this item is #6 inverted on purpose.

6. Participate in at least one annual exercise at the local- or regional-level as defined below:

   Budget Period: BP 1 (2017-2018): All Exercises need to be completed by: April 30, 2018
Capabilities required for BP1 Exercise:

A. Capability 2: Function 1
B. Capability 3: Function 3 and 4
C. Capability 4: Function 5
D. Capability 5: Function 1, 4 (Template Mass Fatality TTX will be provided by KDEM)
E. Capability 10: Function 3 (Coalition Surge Test)

(specific tasks within the required capabilities and functions are at the discretion of the local health department)

Other Requirements:

A. Plans/procedures for assisting at-risk population must be tested in all exercises. at-risk population includes children, pregnant women, senior citizens, individuals with access and functional needs (including individuals with disabilities), and individuals with serious pre-existing behavioral health conditions (FOA page 20)

B. Exercise activity should be aligned with the HSEEP process and HSEEP AAR/IP Template must be used. All other AAR/IP formats will not be accepted.

AAR/IP Deadline: Due to KDHE Preparedness within 90 days of exercise completion or no later than June 1, 2018. Ensure that specific exercise role/responsibilities and improvement plan goals are outlined for your individual Health Department. Each capability tested must outline at least one strength and one area for improvement. The AAR/IP must be submitted within 60 days from the date of the exercise to the Regional Coordinator or Subject Matter Expert for review and within 90 days to KDHE.

• Serving in an observer role does not meet the participation requirement.

• PHEP and HCC sub-recipients must participate in a State-wide Joint Exercise in BP4. KDHE will provide planning information at a later date.

• Real events may count for exercise credit only if all required capabilities for the budget period are tested and the submitted AAR/IP is approved by the KDHE Exercise Coordinator.
7. By November 30, 2017, a local health department representative will update items purchased with Preparedness funds, and which are still being used, in CRMCS. The information entered has to include the location of the item and who the responsible contact person is for deployment.

8. Local Health Departments will provide to KDHE Preparedness information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to the 2017-2022 Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement. (HPP-PM pg. 50-61 Joint Performance Measures)

9. Local health department will continue to:

A. Keep contact information on KS-HAN up to date. (Capability 6: Information Sharing)
B. Respond to KS-HAN drills. (Capability 6: Information Sharing)
C. Assure 24/7 epidemiological contact information is kept current and is shared with KDHE. (Capability 13: Public Health Surveillance & Epidemiological Investigation)
D. Assure designated staff complete ICS 100, 200, 300, 400, 700 and 800b classes per ICS training requirements. (Capability 1: Community Preparedness; Capability 3: Emergency Operations Coordination)
E. Ensure that priority communication services are available in an emergency, including maintaining an always-on high-speed internet connection (Capability 3: Emergency Operations Coordination)
F. Have available signed shared resource agreements. (Capability 1: Community Preparedness)
G. Maintain a website where information can be posted and accessed by members of the public. (Capability 4: Emergency Public Information & Communication; Cross-Cutting)
H. Assure that annual fit testing for PPE (or PAPR annual training) for local health department staff is completed per KDHE guidance and in compliance with the revised OSHA respirator standard, 29 CFR 1910.134, adopted April 8, 1998. (Capability 14: Responder Safety & Health)
I. Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least five years. Capital equipment includes purchases of $5,000 and above and/or with a lifespan of greater than a year. (Administrative)
J. Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period for at least 5 years.
K. Take or renew packaging and shipping certification class, available on KS-TRAIN, every two years [Packaging and Shipping Division 6.2 Materials 2016, Course #1062513 & KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course #1050287. (Capability 12: Public Health Laboratory Testing)
L. Maintain an inventory control system for tracking capital equipment and electronic devices. CRMCS can be used and the items marked as deployable or non-deployable. (Administrative)

M. Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness. (Administrative)

N. Annually review and submit any changes or updates to the Mass Dispensing SOG. If no updates are warranted, submit a “No Update” letter to KDHE. (Capability 8: Medical Countermeasure Dispensing & 9: Medical Materiel Management and Distribution)

O. Annually review and submit any changes or updates to the Health Department COOP SOG. If no updates are warranted, submit a “No Update” letter to KDHE. (Capability 2)

P. Update POD location(s) and other relevant POD information into Countermeasure Response Administration (CRA) by March 30, 2018. (Capability 8: Medical Countermeasure Dispensing)

FINAL THOUGHTS:

At first glance it seems daunting, especially if you are unfamiliar with PHEP. I recommend that as many PHEP coordinators from LHD’s attend the KALHD Mid-Year meeting – there is a session that will have KDHE staff on hand to review these items line by line and it would be beneficial (IMO).

Thank you all for allowing me to share this information.